

Case Number:	CM13-0033400		
Date Assigned:	12/06/2013	Date of Injury:	10/31/2005
Decision Date:	03/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The California MTUS guidelines do not address this issue, so other guidelines were used. The Official Disability Guidelines state that mechanical methods do not reduce the risk of pulmonary embolism; only pharmacologic methods significantly reduce all outcomes. Stockings are recommended for prevention of deep vein thrombosis with the exception of stroke patients. Mechanical compression is indicated for patients following knee arthroplasty and hip arthroplasty in the recovery room and during the hospital stay. As such, the request is noncertified

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Q-Tech deep vein thrombosis (DVT) prevention system PRO-ROM for up to 21 days:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS guidelines do not address this issue, so other guidelines were used. The Official Disability Guidelines support the use of cryotherapy for up to seven days following knee surgery. In this case, the request exceeds the guideline supported maximum. As such, the request is noncertified.

Q-Tech cold therapy recovery system W wrap for up to 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS guidelines do not address this issue, so other guidelines were used. The Official Disability Guidelines support the use of cryotherapy for up to seven days following knee surgery. In this case, the request exceeds the guideline supported maximum. As such, the request is noncertified.